## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

10632265

CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			40					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			40 minus 20=		* 20		;	X\$ 9=	180	OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+	-140=		OR	+280=	
* If the difference in column 1 is less than zero, enter						olumn 2	T	OTAL	555	OR	TOTAL	
CLAIMS AS AMENDED - PART II							•	OTHER SMALL ENTITY OR SMALL				
	Sanger Commence	(Column 1) CLAIMS	(Colum				1 SMALL			OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	<u></u>	<b>(</b> \$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	*** PENDENT	CLAIM	=	>	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								140=		OR	+280=	
1 15 21							ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	>	<b>(</b> \$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	01.014	=	>	X42=		OR	X84=	
<u> </u>	FINOT PRESE	NIATION OF INC	JLIPLE DEF	ENDENT	CLAIM		+	140=		OR	+280=	
								TOTAL		OR	TOTAL ADDIT. FEE	
_	(Column 1) (Column 2) (Column 3)										ADDI1.1 CC	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAIM	=	>	<b>(42=</b>		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							140=		OR	+280=	
*	If the entry in colu	mn 1 is less than th mber Previously Pa	ne entry in colu	mn 2, write	"0" in col	umn 3.		TOTAL		OB I	TOTAL	
***	If the "Highest Nu	mber Previously Pa nber Previously Pa	aid For" IN THI	S SPACE i	s less tha	n 3, enter "3."	ADL	IT. FEE <b>L</b> in the app	ropriate box	٠	ADDIT. FEE lumn 1.	